07-CV-00686-CVSHT

The IS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings by local rules of court. This form, approved by the Indicial Conference of the United Status in Section 1974, in approved by the Indicial Conference of the United Status in Section 1974, in approved by the Indicial Conference of the United Status in Section 1974, in approximation of the Indicial Conference of the United Status in Section 1974, in approximation 1974, in a

| I. (a) PLAINTIFFS                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | DEFENDANT                                                                                                                                                                                                                                                                                                                                                                 | rs                         |                                                                                                                                 |                                                                                                              |                                       |                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| arae                                                                                                | Dineen,                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                  | Menu Foods, |                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                 |                                                                                                              |                                       |                                                                                                                                                                                                                                                           |
| (b) County of Residence of First Listed Plaintiff King County, WA  (EXCEPT IN U.S. PLAINTIFF CASES) |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | County of Residence of First Listed Defendant (IN U.S. PLAINTIFF CASES  NOTE: IN LAND CONDEMNATION COUNTY LAND INVOLVED.                                                                                                                                                                                                                                                  |                            |                                                                                                                                 |                                                                                                              | Canada ONLY) SE THE LOCA RECEIVED     |                                                                                                                                                                                                                                                           |
| (c)                                                                                                 | Attorney's (Firm Name.                                                                                                                                                                                                                                                                                                                                                                                                                          | Address, and Telephone Number)                                                                                                                                                                                                                                                                                                                                       | Attorneys (If Known) MAY                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                 | 0.3 2007                                                                                                     | DB                                    |                                                                                                                                                                                                                                                           |
|                                                                                                     | ns, Berman, Sobol Si<br>I (206) 623-7292                                                                                                                                                                                                                                                                                                                                                                                                        | hapiro, 1301 5th Ave., Sui                                                                                                                                                                                                                                                                                                                                           | te 2900, Seattle,                                                                                                                                                                                                                                                                                                                                                                                                                | , WA        |                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                 | CLERK U.S.                                                                                                   |                                       | γγ                                                                                                                                                                                                                                                        |
| II. I                                                                                               | BASIS OF JURISD                                                                                                                                                                                                                                                                                                                                                                                                                                 | ICTION (Place an "X" in One                                                                                                                                                                                                                                                                                                                                          | Bux Only)                                                                                                                                                                                                                                                                                                                                                                                                                        |             | TIZENSHIP O                                                                                                                                                                                                                                                                                                                                                               |                            | INCIPA                                                                                                                          |                                                                                                              | RICT OF WASHING<br>[Place вл "X" in O |                                                                                                                                                                                                                                                           |
| U.S. Government Plaintiff                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ☐ 3 Federal Question (U.S. Government Not a Party)                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | (For Diversity Cases On<br>on of This State                                                                                                                                                                                                                                                                                                                               | ily)<br>PTF<br><b>RO</b> 1 |                                                                                                                                 | Incorporated or Pri<br>of Business In This                                                                   |                                       | PTF DEF                                                                                                                                                                                                                                                   |
| J 2                                                                                                 | U.S. Government<br>Defendant                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3</b> 4 Diversity (Indicate Citizenship of Parties in Rem III)                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                  | Citiz       | en of Another State                                                                                                                                                                                                                                                                                                                                                       | I <b>J</b> 2               | 5 5 2                                                                                                                           | Incorporated and I<br>of Business In A                                                                       |                                       | I 5 I 5                                                                                                                                                                                                                                                   |
|                                                                                                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | en or Subject of a<br>reign Country                                                                                                                                                                                                                                                                                                                                       |                            | <b>5</b> 3                                                                                                                      | Foreign Nation                                                                                               |                                       | П 6 П 6<br>—                                                                                                                                                                                                                                              |
| IV.                                                                                                 | NATURE OF SULT                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Place an "X" in One Box Only) TORTS                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                                                                                                                                                                                                                                                                                           | 1                          | DAN                                                                                                                             | KRUPTCY                                                                                                      | /vence                                | STATUTES                                                                                                                                                                                                                                                  |
| ☐ 1200 ☐ 1300 ☐ 150 ☐ 151 ☐ 152 ☐ 153 ☐ 1600 ☐ 1900 ☐ 2100 ☐ 2200 ☐ 2300 ☐ 2400 ☐ 245               | Insurance Marine Marine Marine Marine Miller Act Negotiable Instrument Recovery of Overpayment & Enforcement of Judgment Medicare Act Recovery of Defaulted Student Loans (Exel. Veterans) Recovery of Overpayment of Veteran's Benefits Stockholders' Suits Other Contract Contract Product Liability Franchise EAL PROPERTY Land Condemnation Forcelosure Rent Lease & Ejectment Torts to Land Tort Product Liability All Other Real Property | PERSONAL INJURY  310 Airplane  315 Aurplane Product Liability  320 Assault, Lihel & Slander  330 Federal Employers' Liability  340 Marine  1 345 Marine Product Liability  350 Motor Vehicle Product Liability  360 Other Personal Injury  CIVIL RIGHTS  441 Voting  442 Employment  443 Housing/ Accommodations  444 Wetfine  445 Amer. w/Disabilities - Employment | PERSONAL INJURY 362 Personal Injury - Med. Malpractice 365 Personal Injury - Product Liability 368 Asbestos Persona Injury Product Liability ERSONAL PROPER: 370 Other Praud 371 Truth in Lending 380 Other Personal Property Damage 385 Property Damage Product Liability 815 Ones PETTION 510 Motions to Vacate Sentence Habeus Corpus: 530 General 535 Death Penalty 540 Mandamus & Oth 550 Civil Rights 555 Prison Condition | Y           | FETTURE/PENALITY  10 Agriculture 20 Other Food & Drug 25 Drug Related Seizure of Property 21 USC 8 30 Liquor Laws 40 R.R. & Truck 50 Airline Regs. 60 Occupational Safety/Health 90 Other  LAHOR  10 Fair Labor Standards Act 20 Labor/Mgmt. Relatio 30 Labor/Mgmt.Reporti & Disclosure Act 40 Railway Labor Act 90 Other Labor Litigatic 91 Empl. Ret. Inc. Security Act | 981 CO                     | 3 422 Apper 423 With 28 US PROPEF 3820 Copy 830 Paten 7 840 Trade 861 HIA 862 Blace 7 863 DIW 864 SSID 865 RSI (FEDERA 871 IRS- | at 28 USC 158 drawal C 157 RTY RIGHTS rights t mark SECURITY (1395ff) t Lung (923) C/DIWW (405(g)) Title XVI | 400 State Re                          | apportionment t nd Bunking ree tion er Influenced and Organizations er Credit at TV e Service cs/Commodities/ c er Challenge 3410 autory Actions ural Acts ic Stabilization A unental Marters a of Information of Fee Determinat gual Access tionality of |
| V. (                                                                                                | Original D 2 R                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                      | ellute Coort                                                                                                                                                                                                                                                                                                                                                                                                                     | Reor        | stated or <sup>(</sup> an                                                                                                                                                                                                                                                                                                                                                 | nother<br>medify           | Ted from<br>district<br>)<br>statutes w                                                                                         | □ 6<br>Multidistr<br>Litigation<br>nless diversity):                                                         | ict 🗆 7 N                             | ppeal to Distri<br>udge from<br>fagistrate<br>udgment                                                                                                                                                                                                     |
| VI.                                                                                                 | CAUSE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                 | DN Brief description of cause Contaminated pet to                                                                                                                                                                                                                                                                                                                    | :                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                 |                                                                                                              | , · · · ·                             |                                                                                                                                                                                                                                                           |
|                                                                                                     | REQUESTED IN<br>COMPLAINT:                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ CHECK IF THIS IS A<br>UNDER F.R.C.P. 23                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                  | D D         | EMAND S                                                                                                                                                                                                                                                                                                                                                                   |                            |                                                                                                                                 | HECK YES only URY DEMAND:                                                                                    | _                                     | complaint:                                                                                                                                                                                                                                                |
| VIII.                                                                                               | . RELATED CASI<br>IF ANY                                                                                                                                                                                                                                                                                                                                                                                                                        | /New instructions is                                                                                                                                                                                                                                                                                                                                                 | DGE Cougheno                                                                                                                                                                                                                                                                                                                                                                                                                     | our; Las.   | nik; Martinez                                                                                                                                                                                                                                                                                                                                                             |                            | DOCKE                                                                                                                           | TNUMBER 07                                                                                                   | -0453; 07-14                          | 55; 07-057                                                                                                                                                                                                                                                |
| DATE<br>05/                                                                                         | /03/2007 /                                                                                                                                                                                                                                                                                                                                                                                                                                      | AMPX                                                                                                                                                                                                                                                                                                                                                                 | SIGNATURE OF AT                                                                                                                                                                                                                                                                                                                                                                                                                  | TORNEY      | OF RECORD                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                                                                                                 |                                                                                                              |                                       |                                                                                                                                                                                                                                                           |
| FOR C                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FIT DE IN BEING BINE (BINE)                                                                                                                                                                                                                                                                                                                                          | /                                                                                                                                                                                                                                                                                                                                                                                                                                |             | TODGI                                                                                                                                                                                                                                                                                                                                                                     | Б <u></u>                  |                                                                                                                                 | MAG. JUE                                                                                                     | OGE                                   |                                                                                                                                                                                                                                                           |

ORIGINAL